



## Department of Energy

Richland Field Office

P.O. Box 550

Richland, Washington 99352

9306270

94-RPS-023

OCT 29 1993



Mr. David C. Nylander  
Kennewick Manager  
State of Washington  
Department of Ecology  
7601 West Clearwater, Suite 102  
Kennewick, Washington 99336

Dear Mr. Nylander:

## CLOSURE CHECKLIST FOR UNDERGROUND STORAGE TANK REMOVAL

Please find the attached closure checklist for Underground Storage Tank (UST) 382-1. This tank failed a tightness test and was removed in accordance with the removal procedures in WAC 173-360.

If you have any questions or require additional information, please call Ms. Annabelle L. Rodriguez of my staff on 372-0277.

Sincerely,

James D. Bauer, Program Manager  
Office of Environmental Assurance,  
Permits, and Policy

EAP:ALR

Attachment:  
Closure Checklist for Underground Storage  
Tank 382-1

cc: J. J. Luke, WHC, w/attach.  
M. A. Mihalic, WHC, w/attach.  
T. M. Wintczak, WHC, w/attach.





# UNDERGROUND STORAGE TANK

## Permanent Closure/Change-In-Service Checklist

The purpose of this form is to certify the proper closure/change-in-service of underground storage tank (UST) systems. These activities must be conducted in accordance with Chapter 173.360 WAC. Washington State UST rules require the tank owner or operator to notify Ecology in writing 30 days prior to closure or change-in-service of tanks. This must be done by completing the 30 Day Notice form (ECY 010-155).

This Permanent Closure Checklist shall be completed and signed by a Licensed Decommissioning Supervisor. The supervisor shall be on site when all tank permanent closure/change-in-service activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist must be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping), except that UST systems at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of the completion of the closure or change-in-service.

Underground Storage Tank Section  
Department of Ecology  
Mail Stop PV-11  
Olympia, WA 98504-3711

### 1. UST SYSTEM OWNER AND LOCATION

Site Owner/Operator: U.S. Department of Energy - Richland Operations

Owners Address: 825 Jadwin 550  
Street P.O. Box

Richland WA 99352  
City State ZIP Code

Telephone: ( 509 ) 376-7387

Site ID Number (on invoice or available from Ecology if tank is registered): 012763

Site/Business Name: U.S. Department of Energy - Richland Operations

Site Address: 825 Jadwin P.O. Box 550 Benton  
Street Country

Richland WA 99352  
City State ZIP Code

### 2. TANK PERMANENT CLOSURE/CHANGE-IN-SERVICE PERFORMED BY:

Firm: Westinghouse Hanford Company License Number: S001592

Address: 1970  
Street P.O. Box

Richland WA 99352  
City State ZIP Code

Telephone: ( 509 ) 376-7411

Licensed Supervisor: Daniel Riley Decommissioning License Number: W000778  
Scott D. Thoren W002236



### 3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION

1. Tank ID Number (as registered with Ecology): 382-1
2. Year installed: 1943
3. Tank capacity in gallons: 145
4. Date of last use: 8/6/1992
5. Last substance stored: Unleaded Gasoline
6. Date of closure/change-in-service: 9/28/92
7. Type of closure: Closure with Tank Removal ☒ In-place Closure ☐ Change-in-Service ☐
8. If in-place closure is used, the tank has been filled with the following substance: N/A
9. If change-in-service, indicate new substance stored in tank: N/A
10. Local permit(s) (if any) obtained from: N/A

Always contact local authorities regarding permit requirements.

11. Has a site assessment been completed? Yes ☒ No ☐

Unless an external release detection system is operating at the time of closure or change in service, and a report is provided as specified in WAC 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person registered with the Department of Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Checklist (ECY 010-158).

### 4. CHECKLIST

Each item of the following checklist shall be initiated by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has all liquid been removed from product lines?	JAR		
2. Has all product piping been capped or removed?	JAR		
3. Have all non-product lines been capped or removed?	JAR		
4. Have all liquid and accumulated sludges been removed from the tank?	** SDT	SDT	
5. Has the tank been properly purged or inerted?	JAR		
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	JAR		
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	JAR		
8. Have all sludges removed from the tank been designated and disposed of in accordance with the state of Washington's dangerous waste regulations (Chapter 173-303 WAC)?	** SDT	SDT	
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	** SDT		

\*Item not applicable \*\*Action will be done in future by offsite vendor. SDT (All actions completed)  
I hereby certify that I have been the licensed supervisor present on site during the above listed permanent closure activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC

9-28-92

Date

1/7/93

Daniel Kiley

Signature of Licensed Supervisor

John D. Miller

### 5. ADDITIONAL REQUIRED SIGNATURES

1-8-93

Date

Arnold E. Serch

Signature of Licensed Service Provider or Owner or Authorized Representative

John B. Burdick FOR MBH

Signature of Tank Owner or Licensed Hazardous Waste Representative

## CORRESPONDENCE DISTRIBUTION COVERSHEET

Author

Addressee

Correspondence No.

J. D. Bauer, RL  
(S. D. Thoren, 373-4033)

D. C. Nylander, Ecology

Incoming 9306270  
XRef 9351367D 31969

Subject: CLOSURE CHECKLIST FOR UNDERGROUND STORAGE TANK REMOVAL

### INTERNAL DISTRIBUTION

Approval	Date	Name	Location	w/att
		Correspondence Control	A3-01	X
		President's Office	B3-01	
		M. C. Hughes	R2-81	
		J. J. Luke	H6-25	
		P. J. Mackey	B3-15	X
		S. R. Moreno	B3-06	
		H. E. McGuire, Level 1	B3-63	
		M. A. Mihalic	R2-77	
		P. D. Mix	H6-29	
		D. A. Riley	X7-02	X
		E. H. Smith	H6-22	
		S. D. Thoren	R2-77	X
		T. M. Wintczak, Assignee	H6-27	
		EPIC	H6-08	X

